

OVERSIZE/OVERWEIGHT PERMIT APPLICATION

SUBMIT VIA EMAIL OR FAX:

EMAIL: MCDOTOversizeOverweightPermits@maricopa.gov

FAX: (602) 506-4009

APPLICATION REQUIRES UP TO 3 BUSINESS DAYS FOR REVIEW.

APPLICATIONS SUBMITTED AFTER 3:00PM WILL NOT BE REVIEWED UNTIL THE NEXT BUSINESS DAY.

APPLICATION MUST BE FULLY COMPLETED FOR CONSIDERATION.

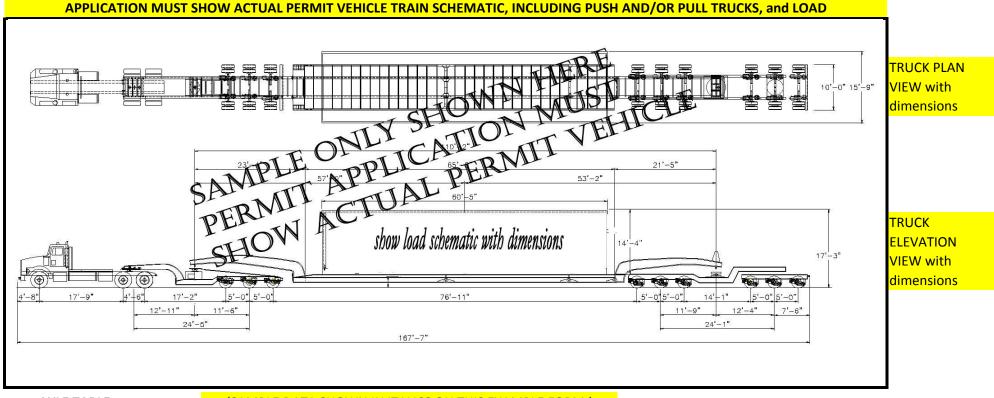
ALL APPLICATIONS REQUIRE A CERTIFICATE OF INSURANCE (COI).

Applicant:			Mobile Home / Building Permits Only						
Address:		AVT:							
City:		Zoning Clea	rance:						
State:	Zip:	Building Pe	rmit:						
	Fax:	C22 Lin .		Exp.:					
			move:						
Arizona Dept. of Tran	sportation (ADOT) Permit N	0.:							
	a NIGHT MOVE? (Please che OND OF \$100,000 <u>REQUIRED</u> F								
MCDOT ROUTE REQU	JIRED:								
*LOADS TOTALLING	GREATER IN HEIGHT REQUIR 160,000 LBS OR GREATER RI EMATIC, INCLUDING PUSH I	EQUIRE A TRUCK SCH	EMATIC AND A	- SAMPLE FO					
Load Type:		— Truck							
Address from:		Trailer							
		Jeep / Dolly							
		Jeep / Dolly							
Address to:		Load Other							
			TOTAL						
Length: Widtl	h: Height:	Front Overha	ng: Rea	ır Overhang:					
Applicant's Signature	: Prin	t Name:		Date:					
MCDOT Permits Bran	ch Approved / Denied by: _			Date:					
		_							

PERMIT VEHICLE CONFIGURATION (THIS FORM MUST BE ATTACHED TO OSOW PERMIT APPLICATION)

APPLIC	ATION MI	UST SHOW	ACTUAL	PERMIT	VEHICLE SCH	EMATIC, I	NCLUDIN	G PUSH A	AND/OR F	ULL TRU	CKS, and	LOAD	
													TRUCK PLAN VIEW with dimensions (SEE EXAMPLE) TRUCK ELEVATION
													VIEW with
													dimensions
													(SEE EXAMPLE)
AXLE TABLE													ı
Axle Number													TOTAL
Axle width (ft)													WEIGHT (lbs):
Load (lbs) per axle													
No of tires per axle													
NOTES: Adjacent axles carrying exactly similar loads, tires, and dimensions may be grouped in the axle table. (See attached example for clarification.) All information shown on this page must be actual weights and dimensions pertaining to the permit application vehicle. A PERMIT SUBMITTED WITH INCOMPLETE OR INCONSISTENT DATA WILL BE DENIED. Certified axle and/or tire weights may be required.									on.)				
Load Description	:								pplicant C				
Load Weight:					lbs	<u>5</u>			ant Conta				
Date Load to be Moved: Applicant Phone Number (required):													
D	ate this fo	orm was co	mpleted	:		_	Applica	nt email a	address (d	optional):			
Total Length of Permit Vehicle*: Maximum Overall Width*: Maximum Overall Height*:													
(*include push/	•								_	.			
This line to be comple	ted by M	LDOI Perm	nit Agent	only:	Rec	ceived by:				Date	received:		

PERMIT VEHICLE CONFIGURATION (SAMPLE TRUCK SCHEMATIC, AXLES, AND TIRE VALUES SHOWN HERE)



AXLE TABLE		(SAMPLE DATA SHOWN IN ITALICS ON THIS EXAMPLE FORM:)									
Axle Number	1	2 - 3	4 - 5 - 6	7-8-9	10 - 11 - 12						TOTAL
Axle width (ft)	8	8	10	10	10						WEIGHT (lbs):
Load (lbs) per axle	12,000	24,950	23,800	23,700	24,950						279,250 LBS
No of tires per axle	2	2	4	4	4						

NOTES: Adjacent axles carrying exactly similar loads, tires, and dimensions may be grouped in the axle table as shown in the example above.

All information shown on this page must be actual weights and dimensions pertaining to the permit application vehicle.

A PERMIT SUBMITTED WITH INCOMPLETE OR INCONSISTENT DATA WILL BE DENIED. Certified axle and/or tire weights may be required.

Load Description:	Electr	ical Transformer		Applicant Company	123ABC Transport		
Load Weight:	120,000 lbs		_	Applicant Contact Name	J. Doe		
	Date Load to be Moved:	January 1, 2023	Applicant	t Phone Number (required	555-555-5555		
Date	e this form was completed:	December 22, 2022	Applica	nt email address (optional): J.Doe	e@myemail.xy.	Z
Total Length of	f Permit Vehicle*: 167	'-7" Maximu	um Overall Width*:	15'-9"	Maximum Overall	Height*:	17'-3"
(*include push/pu	ıll vehicles)						
This line to be completed	d by MCDOT Permit Agent o	nly: Rec	eived by:	I. Agent Dat	e received:	12-23-22	